

1	2	3	4	5	6
2.	Chhattisgarh	343	4359.00	61	1092.67
3.	Gujarat	199	1979.00	Nil	0.00
4.	Jharkhand	21	130.00	Nil	0.00
5.	Maharashtra	Nil	0.00	Nil	0.00
6.	Meghalaya	Nil	0.00	23	390.71
7.	Madhya Pradesh	679	6191.00	143	2650.06
8.	Mizoram	27	203.00	58	870.00
9.	Orissa	20	157.00	Nil	0.00
10.	Tripura	Nil	0.00	62	930.00
11.	Uttaranchal	Nil	0.00	Nil	000
12.	Uttar Pradesh	Nil	0.00	Nil	0.00
13.	West Bengal	170	2104.00	Nil	0.00
TOTAL:		1832	19182.00	345	5933.44

Abstract

Total number of forest villages for which projects approved (1832+347)=2179

Total Amount released (Rs. 19182 lakhs + Rs. 5933.44) = Rs. 251.15 crores.

Integrated disease surveillance mechanism

*352. SHRI HARISH RAWAT:
SHRI SANTOSH BAGRODIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any integrated disease surveillance mechanism exists in the country;

(b) if not, the reasons therefor;

(c) if so, the components of such a mechanism and the protocol followed for a surveillance under such a mechanism;

(d) whether this mechanism has made any advanced assessment of the recent outbreak of dengue and chikungunya in certain parts of the country;

(e) if not, the reason therefor; and

(f) if so, when the earliest projections were made and what steps were taken by Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (f) Integrated Disease Surveillance Project was launched in November, 2004, by Government of India. It seeks to set up a decentralized state and district based surveillance project in the country. The project is to be implemented across the country in three phases. At present 23 States of phase I and phase II are in various stages of implementation.

The components of the project are (i) integrating disease surveillance at the state and district level; (ii) coordinate and decentralize surveillance activities; (iii) training stakeholders in disease surveillance and response, improving laboratory support; and (iv) IT networking and strengthening data quality, analysis and links to action for a limited number of targeted diseases under IDSP.

IDSP states are still in various phases of establishing their surveillance systems and the Data inflow is at initial stage. When IDSP is fully implemented, it would be expected to detect early warning signals of impending outbreaks and help initiate an effective and timely response.

IDSP surveillance mechanism has not been used for recent outbreak of Dengue and Chikungunya. The Government has, however, identified the following 12 Apex Referral Institutions for advanced diagnosis of Dengue and Chikungunya fever:

- (i) National Institute of Virology, Pune.
- (ii) National Institute of Communicable Disease, Delhi.
- (iii) National Institute of Mental Health & Neuro Sciences, Bangalore.
- (iv) Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow.
- (v) Post Graduate Institute of Medical Sciences, Chandigarh.

- (vi) All India Institute of Medical Sciences, Delhi.
- (vii) National Institute of Cholera & Enteric Diseases, Kolkata.
- (viii) Regional Medical Research Centre (ICMR), Dibrugarh.
- (ix) Kings Institute of Preventive Medicines, Chennai.
- (x) Institute of Preventive Medicine, Hyderabad.
- (xi) B.J. Medical College, Ahmedabad.
- (xii) State. Virology Institute, Alappuzha, Kerala.

Cut in wheat allocation to Orissa

*353.SHRI BHAGIRATHI MAJHI: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) whether the Central Government have reduced the allocation of wheat for APL consumers under TPDS to Orissa where the demand for wheat is high due to increase of price in the open market;

(b) if so, whether Government would provide an *ad hoc* additional allocation of wheat to the State;

(c) if so, the quantity that would be provided in future to meet the urgent requirement of the State; and

(d) how much time would be required for the same?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRISHARAD PAWAR): (a) Keeping in view the reduced stock of wheat in the Central Pool, the allocation of wheat for Above Poverty Line (APL) category has been rationalized for all States/UTs, including the State of Orissa, on the basis of each State's average offtake for the last 3 years or the last year's offtake, whichever was lower. A 25% cut on this has been imposed in respect of rice-consuming States and Delhi for APL category. However, there has been no change in the overall APL entitlements and the State Governments/UTs can ask for allocation of rice in lieu of reduction of wheat allocation under APL.

(b) to (d) In the wake of improved stock position, the Central Government has made an *ad hoc* additional allocation of 17,000 Tonnes of APL wheat to Orissa in four instalments for the months of September, October,